
PATIENT EDUCATION PROTOCOLS:**CHT - CHILD HEALTH - TODDLER (1-3 YEARS)**

CHT - Child Health - Toddler (1-3 Years)**CHT-CAR CAR SEATS AND AUTOMOBILE SAFETY**

OUTCOME: The patient/family will understand measures that will improve car safety.

STANDARDS:

1. Stress the use of a properly secured car seat EVERY TIME the toddler rides in a vehicle. The car seat should be in the middle of the back seat of the vehicle.
2. Explain that the car seat should be rear-facing if the toddler is <20 pounds; if >20 pounds, the car seat can be forward-facing.
3. Discuss the requirement of a NTSB approved car seat.
4. Explain the dangers posed by things that might divert attention from driving, such as smoking, cell phone use, eating, CDs and radios, etc.
5. Emphasize the importance of never driving while under the influence of alcohol, sedatives, and/or street drugs.
6. Emphasize not to leave infant/children unattended in a vehicle (motor running, not running, keys in car) due to potential incidents; e.g., vehicle gears shifted and car goes in motion, electric windows cause injury to child, keys locked in vehicle with child, heat/cold exposure, abduction or child wandering away.

CHT-ECC EARLY CHILD CARIES

OUTCOME: The patient/family will understand the importance of good oral hygiene.

STANDARDS:

1. Discuss prevention of tooth decay (early childhood caries) by proper use of bottles, e.g., no bottles in bed, no propping of bottles, weaning by 12 months of age, nothing in the bottle except formula, breastmilk or electrolyte solution.
2. Review oral hygiene habits. Discuss that the whole family should practice good oral hygiene. Explain the methods of infant oral hygiene, e.g., use of a soft washcloth, soft tooth brush, or infant tooth cleaner to clean the gums/teeth.
3. Discuss, as appropriate, fluoride supplementation and the indications for fluoridated toothpaste and when non- fluoridated tooth paste should be used.
4. Discuss teething as appropriate.
5. Discuss the importance of regular dental examinations.

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CHT-FU FOLLOW-UP

OUTCOME: The patient/family will understand the importance of keeping routine well child visits.

STANDARDS:

1. Discuss that well child visits are important to follow growth and development, to screen for disease, and to update immunizations.
2. Inform the patient/family of the timing of the next well child visit.
3. Discuss the procedure for making appointments.

CHT-GD GROWTH AND DEVELOPMENT

OUTCOME: The parent(s) will understand the rapidly changing development of the inquisitive and independent toddler and will plan to nurture normal growth and development.

STANDARDS:

1. Explain the toddler's intense need to explore.
2. Review appropriate ways of disciplining toddlers. Provide positive alternatives to undesirable behaviors. Toddlers often attempt to control others with temper tantrums, negativism, and obstinacy. Encourage parents to be consistent in discipline.
3. Discuss sleep habits and transition object for sleep. Explain that children in this age group typically sleep through the night.
4. Discuss toilet training methods and indicators of toilet training readiness, e.g., the ability to walk, complaining of wet or dirty diapers, asking to go to the toilet. Explain that toilet training should be delayed until the child is showing signs of toilet training readiness. Explain that curiosity about genitals is normal and to be expected.
5. Discuss language development, e.g. a typical 2 year old should be able to make 2 word sentences and are 50% understandable.
6. Review the importance of allowing for positive emotional growth. Touch is still important. Fears may develop during this time.
7. Review the need for good dental hygiene.
8. Discuss the need for continued well child care.

CHT-L LITERATURE

OUTCOME: The patient/family will receive literature about child health issue.

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STANDARDS:

1. Provide patient/family with literature on child health issues.
2. Discuss the content of the literature.

CHT-MNT MEDICAL NUTRITION THERAPY

OUTCOME: The patient and family will have an understanding of the specific nutritional intervention(s) needed for treatment or management of this condition, illness, or injury.

STANDARDS:

1. Explain that Medical Nutrition Therapy (MNT) is a systematic nutrition care process provided by a Registered Dietitian (RD) that consists of the following:
 - a. Assessment of the nutrition related condition.
 - b. Identification of the patient's nutritional problem.
 - c. Identification of a specific nutrition intervention therapy plan.
 - d. Evaluation of the patient's nutritional care outcomes.
 - e. Reassessment as needed.
2. Review the basic nutrition recommendations for the treatment plan.
3. Discuss the benefits of nutrition and exercise to health and well-being.
4. Assist the patient/family in developing an appropriate nutrition care plan.
5. Refer to other providers or community resources as needed.

CHT-N NUTRITION

OUTCOME: The parent(s) will understand the nutritional needs of the toddler and the frustrations that can surround mealtime.

STANDARDS:

1. Discuss the varying levels of mastery of cups and utensils. Allow the toddler to feed him/herself.
2. Discuss the importance of eating meals as a family and providing 2–3 nutritious meals per day. Encourage a relaxed mealtime atmosphere.
3. Review the dangers posed by continued use of the bottle beyond one year of age, e.g., baby bottle tooth decay, elongated midface, delayed speech, ear infections.
Refer to OM-P and ECC-P.
4. Explain that most toddlers manifest a decreased nutritional need. Discuss that toddlers become fussy eaters with strong food preferences. Discuss appropriate diet (balance diet over the week -- do not struggle to balance every meal.).

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5. Discuss the need for whole milk at least through 2 years of age and encourage low fat milk after the age of 2.
6. Avoid foods that are choking hazards through age 4 (unpeeled grapes, unpeeled apples, orange slices, nuts, popcorn, pickles, carrot sticks, celery sticks, hard candies and gum, wieners, chicken drum sticks, and peanut butter).
7. Encourage and model healthy choices for meals and snacks and offer a variety of foods (e.g., fruit, veggies, lean meats, and whole grains). Limit foods such as candies, cookies, etc.
8. Discuss that juice should be limited to less than 8 oz./day

CHT-PA PARENTING

OUTCOME: The parent(s) will understand challenges of parenting a toddler and will continue to provide a nurturing environment for growth and development.

STANDARDS:

1. Emphasize that the toddler continues to demand much of the parent(s) time, and increasing mobility and independence requires increased supervision. Toddlers still need to be held and cuddled. The personality of the toddler will dictate the degree of this need.
2. Discuss the common toddler behaviors that can cause parental frustration—constant demands, saying “no,” struggle for autonomy, unwillingness to share, and boundless energy. Help the child to express emotions.
3. Discuss the parental need for sharing the toddler experience. Encourage the importance of talking with the toddler and helping him/her to express feelings.
4. Discuss age appropriate disciplinary techniques as increasing mobility increases the risk of injury (distraction, time-out). Encourage parents/caregivers to set limits and praise good behavior. Discuss that hitting, biting, and aggressive behaviors are common in this age group and require consistent parenting and disciplinary techniques.
5. Reinforce the need for adult companionship, periodic freedom from child-rearing responsibilities, and nurturing the marital relationship. Show affection in the family.
6. Stress that weariness, frustration, and exasperation with a toddler are normal. Discuss mechanisms for dealing with frustration.
7. Provide stimulating activities (e.g., reading to the child, coloring with the child) as alternatives to TV watching, which should not exceed one hour per day. The attention span of a toddler is about 5–10 minutes.
8. Discuss that drinking and smoking in the presence of children may promote this behavior in the child.

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9. Discuss that children who witness violent or abusive behaviors may mimic these behaviors.

CHT-S SAFETY AND INJURY PREVENTION

OUTCOME: The parent(s) will understand the principles of injury prevention and plan to provide a safe environment.

STANDARDS:

1. Review that accidents are the leading cause of death in this age group due to the toddler's increased mobility and lack of awareness of environmental dangers. Encourage parents to check for hazards at floor level. Discuss the need to child-proof the home e.g., safety locks, stair gates, window guards. Check windows and screens to assure that the toddler cannot push them out, etc.
2. Review continued need for child safety seats in automobiles. Avoid child safety seats in the front seat of any car with air bags. (As of December 2005 the American Academy of Pediatrics recommends that children remain in child safety seats until the age of 8 years AND 80 pounds.) **Refer to CHT-CAR.**
3. Emphasize the importance of carefully selecting child-care settings to assure child safety. Never leave toddlers alone with young children or pets.
4. Child-proof the home. **Refer to HPDP-S.**
 - a. Burn safety: Keep hot liquids, cigarettes and other hot objects out of the infant's reach, cover outlets, test temperature of bath and set water heater to <120°F, turn pot handles to the back of the stove and use back burners preferentially, don't leave heavy objects or hot liquids on tablecloths, avoid dangling cords (curling irons, irons, coffee pots, etc.), avoid direct sunlight, limit sun exposure, use sunscreens, hats, and protective clothing.
 - b. Choking safety: Review choking hazards and the importance of keeping small objects out of the child's reach (anything that will fit into a toilet paper roll, balloons, coins), cut food in small pieces, review foods that pose a choking hazard (unpeeled grapes, unpeeled apples, orange slices, nuts, popcorn, pickles, carrot sticks, celery sticks, hard candies and gum, hot dogs, any meat on a bone, and peanut butter). Encourage CPR training.
 - c. Water safety: Review drowning and the importance of never leaving the child unattended in the bath, keeping toilet lids down and bathroom doors closed, and emptying buckets.
 - d. Poison safety: Emphasize the importance of child locks on cabinets and keeping potentially dangerous substances, including medications and objects out of the child's reach. Keep poison control number handy.
 - e. Electrical safety: Emphasize the importance of keeping electrical cords and other wiring out of the reach of children. Small children will chew and pull on electrical cords and wiring.

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- f. Infection safety: Encourage frequent hand washing and washing of toys to prevent the spread of infections.
- g. Play safety: Discuss street safety and the use of personal protective equipment like bicycle helmets. Avoid toys that are choking hazards or are sharp. Wash hands often; clean toys. Discourage independent operation of any motorized vehicle, including electrical vehicles. Encourage play and safe exploration.

CHT-SF INTRODUCTION TO SOLID FOODS

OUTCOME: The parent/family will understand the appropriate ages to introduce various solid foods. (teach any or all of the following as appropriate to this infant/family)

STANDARDS:

1. Explain that infants should not routinely be fed foods other than breastmilk or formula prior to 4 months of age except under the advice of a healthcare provider.
2. Emphasize that, for some time after the introduction of solid foods, breastmilk/formula will still be the infant's primary source of nutrition.
3. Emphasize that foods should never be given from a bottle or infant feeder and must always be fed from a spoon.
4. Explain that infants may be fed cereal mixed with breastmilk or formula not sooner than 4 months of age. Rice cereal is generally the preferred first solid food. It is normal for an infant to take very small amounts of solid foods for several months. Discard any uneaten food after each meal.
5. Emphasize the need to wait 3–5 days between the addition of new foods to watch for adverse events from the foods.
6. Explain that pureed/or finely mashed vegetables and fruits should be started no earlier than 6 months of age.
7. Explain that some foods such as peanut butter, chocolate, eggs, strawberries, cow or goat milk and citrus should not be fed until the infant is one year of age due to the highly allergenic nature of these foods. Explain that honey and syrups may contain botulism toxin and should not be fed before one year of age.
8. Explain that infants 14–16 months of age will have a decreased appetite and will become more picky eaters.
9. Emphasize that some foods are easy to choke on and should be avoided until 4 years of age, e.g., nuts, hard candies, gum, carrot sticks, meat on a bone, grapes, popcorn, hot dogs, unpeeled apples, slices of orange.
10. Discuss the importance of offering foods at the appropriate ages but do not insist that infants eat foods when they are not hungry:
 - a. Baby knows how much to eat

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- b. It is important to go along with the babies when they feel they have finished eating
 - c. Some days babies eat a lot other days not as much
 - d. No two babies eat the same
11. Explain how to assess readiness, an infant:
- a. Who exhibits tongue thrusting is not ready to eat solids.
 - b. Who will give you cues to readiness when they open their mouths when they see something coming
 - c. Who will close lips over a spoon
 - d. Who will keep food in their mouth instead of spitting it out
 - e. Who will sit up alone without support
12. Explain that the body of knowledge regarding infant feedings has changed dramatically and advice from family/friends may no longer be appropriate; talk to your healthcare provider.

CHT-SHS SECOND-HAND SMOKE

OUTCOME: The patient and/or family will understand the adverse health consequences associated with exposure to second-hand tobacco smoke, and discuss methods for limiting exposure of nonsmokers to tobacco smoke.

STANDARDS:

1. Define “passive smoking” ways in which exposure occurs:
 - a. Smoldering cigarette, cigar, or pipe
 - b. Smoke that is exhaled from active smoker
 - c. Smoke residue on clothing, upholstery, carpets or walls
2. Discuss harmful substances in smoke:
 - a. Nicotine
 - b. Benzene
 - c. Carbon monoxide
 - d. Many other carcinogens (cancer causing substances)
3. Explain the increased risk of illness in children when exposed to cigarette smoke either directly or via second-hand smoke, e.g., increased colds, asthma, ear infections, pneumonia.
4. Explain that cigarette smoke gets trapped in carpets, upholstery, and clothing and still increases the risk of illness even if the patient is not in the room at the time that the smoking occurs.

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5. Discuss factors that increase level of exposure to second-hand smoke and preventive methods for minimizing this exposure.
6. Encourage smoking cessation or at least never smoking in the home or car. **Refer to TO.**

CHT-W WEANING

OUTCOME: The parent/family will understand methods to effectively wean the child from breastfeeding or bottle.

STANDARDS:

1. Discuss appropriate reasons for weaning the infant from breastfeeding or bottle.
2. Explain readiness signs of weaning that the infant may display.
3. Explain the process of weaning, e.g., replace one feeding at a time with solids or cup.
4. Explain social ways to replace breastfeeding or bottle-feeding, e.g., reading books together, playing with toys, cuddling together.
5. Explain that infants should be weaned from the bottle by 12 months of age to decrease the risk of baby bottle tooth decay, ear infections, delayed speech, etc.
6. Refer to community resources as appropriate.